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APPLICATION NO.	FILING DATE	TRANS IN	FIRST NAMED INVENTO	ID.			(Date	
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nonprovisional	YES	\$720	\$300	\$0		\$1020	09/23/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS					
LOW, LINDSAY M		3721	227-120000					
 Change of correspondence address or indication of "Fee Address' CFR 1.363). Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required. 			(1) the names of up t or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att	rinting on the patent front page, list names of up to 3 registered patent attorners ISTAAS & HALSEY LLP SOR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to ered patent attorneys or agents. If no name is o name will be printed.				
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